

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

SEP 23 1936

30731

1. PLACE OF DEATH

County Howell Registration District No. 384
 Township Primary Registration District No. 4227
 City West Plains (No., St. Ward)

File No.
 Registered No.

2. FULL NAME Margaret Aaron Durham

(a) Residence, No. 805 West Main St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Durham				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1, 1851				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
84		11	9	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Green County, Mo.
 (STATE OR COUNTRY)

13. NAME M. Langston

14. BIRTHPLACE (CITY OR TOWN) Ky.
 (STATE OR COUNTRY)

15. MAIDEN NAME Sarah McGinty

16. BIRTHPLACE (CITY OR TOWN) Tenn.
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Chas. Pease.
 (ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Howell Valley Cem
West Plains, Mo. DATE Aug/ 12, 1936

19. UNDERTAKER Hal Thourburgh
 (ADDRESS) West Plains, Mo.

20. FILED 8-11 1936 Vida W. Simons
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-5-, 1936, to Aug 10, 1936
 I last saw her alive on Aug 9, 1936. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

① Chronic Myocarditis
 ② Excessive Heat

Date of onset
 11-26-34

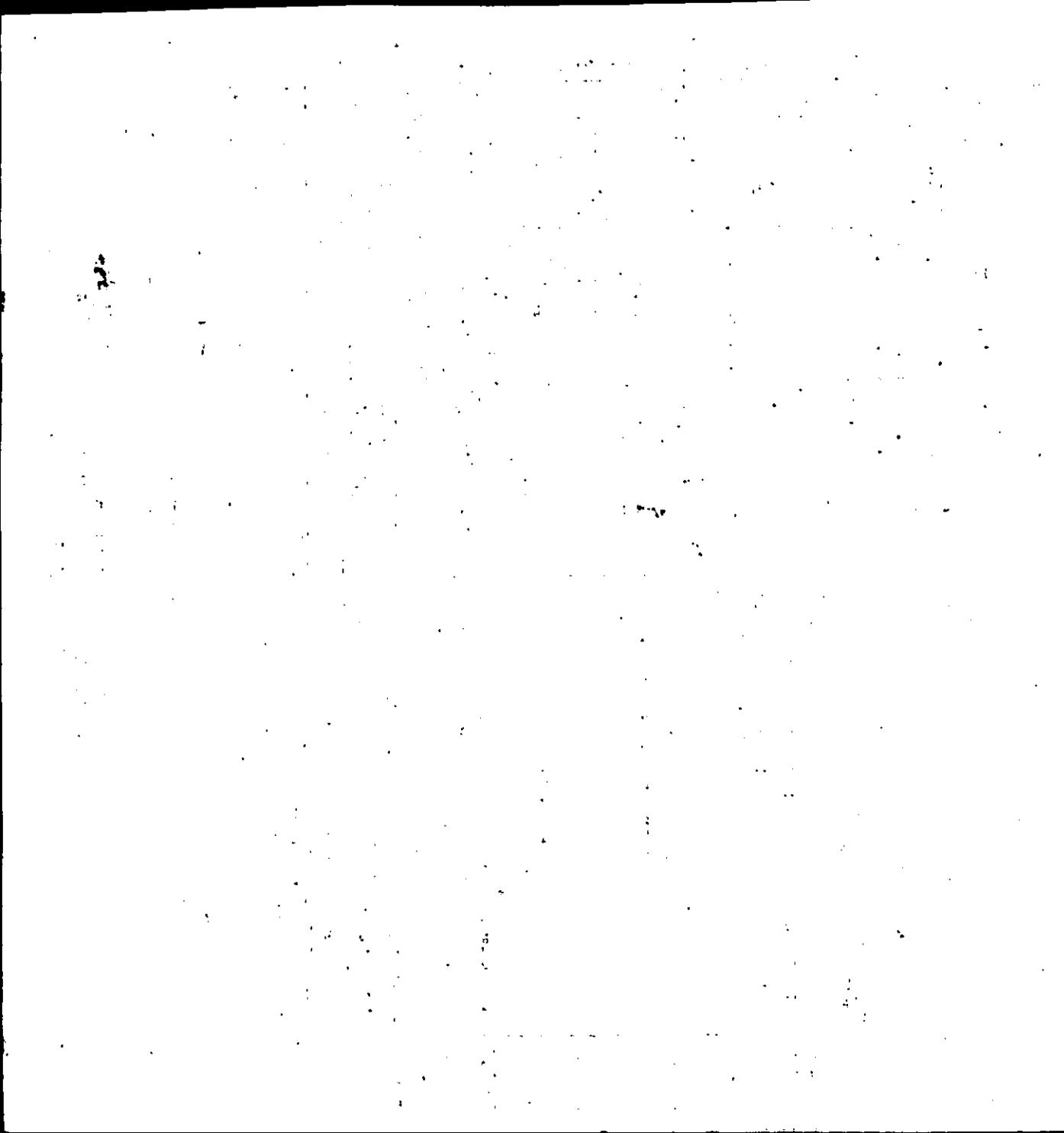
Other contributory causes of importance: Senility
Fracture of left femur (neck)

Name of operation Date of
 What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) E. B. Bohrer, M. D.
 (Address) West Plains, Mo.



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1. PLACE OF DEATH

County Howell

Registration District No. 384

File No.

Township

Primary Registration District No. 4229

Registered No.

City West Plains (No.)

St. Ward)

2. FULL NAME

Margaret Aaron Durham
(a) Residence, No. St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 8-11 1926 Vida W. SIMONS Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

..... Date of onset
Fracture of left femur
Had never been able to walk

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury.....

Where did injury occur? West Plains, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home

Manner of injury... slipped on floor, fell

Nature of injury... Frac. femur, left.

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) E. Bohrer M. D.
(Address) West Plains, Mo.

S-3073